

## Application Data Sheet

### **Application Information**

Application number:: 10/521,063  
Filing Date:: 01/11/05  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R??:: No  
Number of CD disks::  
Number of copies of CDs::  
Sequence Submission::  
Computer Readable Form (CRF)?:: No  
Number of copies of CRF::  
Title:: METHODS AND APPARATUSES FOR  
REPAIRING ANEURYSMS  
Attorney Docket Number:: 021764-000720US  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Suggested Drawing Figure:: 14  
Total Drawing Sheets:: 16  
Small Entity?:: Yes  
Latin name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers One::  
Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Singapore  
Status:: Full Capacity  
Given Name:: Whye-Kei  
Middle Name::  
Family Name:: LYE  
Name Suffix::  
City of Residence:: Charlottesville  
State or Province of Residence:: VA  
Country of Residence:: US  
Street of Mailing Address:: 1060 Ramblewood Place  
City of Mailing Address:: Charlottesville  
State or Province of mailing address:: VA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 22901

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name:: L.  
Family Name:: Reed  
Name Suffix::  
City of Residence:: Charlottesville  
State or Province of Residence:: VA  
Country of Residence:: US  
Street of Mailing Address:: 2181 Whippoorwill Road  
City of Mailing Address:: Charlottesville  
State or Province of mailing address:: VA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 22901

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Mark

Middle Name:: H.

Family Name:: Wholey

Name Suffix::

City of Residence:: Oakmont

State or Province of Residence:: PA

Country of Residence:: US

Street of Mailing Address:: 816 Woodland Avenue

City of Mailing Address:: Oakmont

State or Province of mailing address:: PA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 15139

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
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This application PCT/US03/21611	National Stage of An appn. claiming benefit under 35 USC 119(e)	PCT/US03/21611 60/395,180	07/11/03 07/11/02
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PCT/US03/21611	An appn. claiming benefit under 35 USC 119(e)	60/421,404	10/24/02
PCT/US03/21611	An appn. claiming benefit under 35 USC 119(e)	60/421,350	10/24/02
PCT/US03/21611	An appn. claiming benefit under 35 USC 119(e)	60/428,803	11/25/02

#### **Foreign Priority Information**

Country:: Application number:: Filing Date::

#### **Assignee Information**

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::